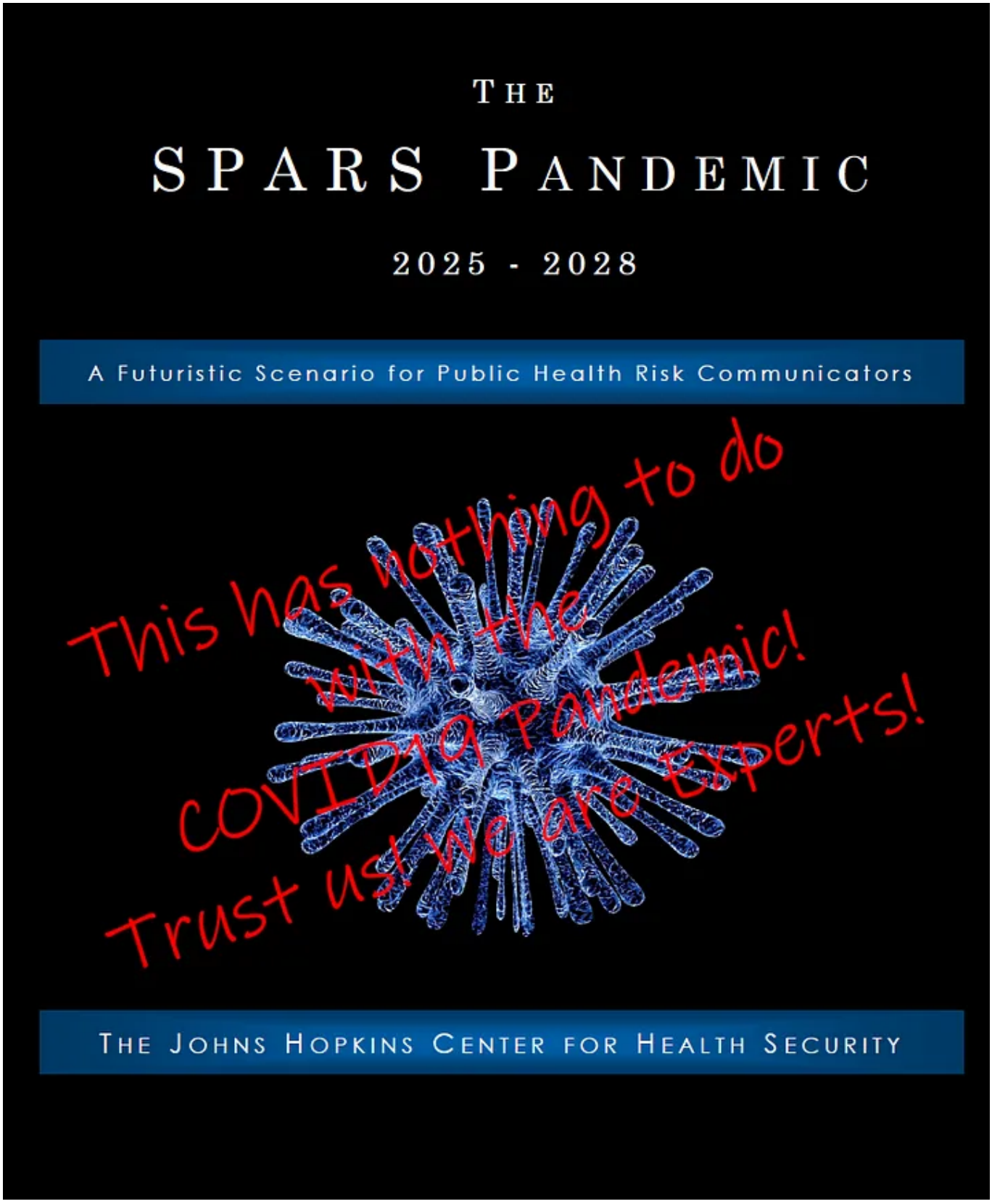
SPARSdemic anyone?



SPARSdemic

Have you heard about the fictional, future Pandemic which we all may have been living though for the last three years? No? Well then!

The experts at the John Hopkins Center for Health Security back in October of 2017 (the actual time frame is 2015–2017) thought it would be

> *critical in emergency situations*

to be prepared, because

> *Effective communication about medical countermeasures — including drugs, devices and biologics… does not just happen.*

Of course

> *The scenario is hypothetical; the infectious pathogen, medical countermeasures, characters, news media excerpts, social media posts, and government agency responses are entirely fictional.*

which the experts decided needed some extra clarification back in December of 2021. On the 15th of December 2021 there was no disclaimer captured by the Wayback machine. On the 16th of December 2021 there was. See below.

Statement on Johns Hopkins Center for Health Security *SPARS Pandemic 2025-2028: A Futuristic Scenario for Public Health Risk Communicators*

December 16, 2021 - A multidisciplinary team from the Johns Hopkins Center for Health Security developed, from 2015-17, a fictional narrative scenario, *The SPARS Pandemic 2025-2028: A Futuristic Scenario for Public Health Risk Communicators*, to illustrate the communication challenges that could erupt around the development and distribution of novel and/or investigational drugs, vaccines, and other therapeutics in a future public health emergency.

The scenario is not a prediction: It is a teaching and training resource for public health officials, to help users envision problems that could plausibly emerge in the future, so that they can practice responses and better protect the public's health. Any resemblances between the fictional scenario storyline and the COVID-19 pandemic are coincidental. The scenario was developed by experts in the clinical, epidemiological, sociocultural, and communication aspects of epidemic management, to assure the narrative's scientific plausibility.

Now, why did the experts at the John Hopkins Bloomberg School of Public Health, Center for Health Security think it necessary to create such a scenario? Lets see what the scenario creators say:

> *Scenario Purpose*
>
> *The following narrative comprises a futuristic scenario that illustrates communication dilemmas concerning medical countermeasures (MCMs) that could plausibly emerge in the not-so-distant future. Its purpose is to prompt users, both individually and in discussion with others, to imagine the dynamic and oftentimes conflicted circumstances in which communication around emergency MCM development, distribution, and uptake takes place. While engaged with a rigorous simulated health emergency, scenario readers have the opportunity to mentally "rehearse" responses while also weighing the implications of their actions. At the*

> *same time, readers have a chance to consider what potential measures implemented in today's environment might avert comparable communication dilemmas or classes of dilemmas in the future.*

And who might those "users" be, one wonders. Well, I wonder anyway, as I read this scenario, the disclaimer and a few other sources of information out there, laughing out loud more than once, mind you. Who could be other stakeholders here?

According to the disclaimer "It is a teaching and training resource for public health officials". Are they the only stake holders that this scenario appeals to? Certainly, there would be others who would likely have to gain from reading this scenario, working through it and utilize all of insights the experts have jotted down.

When I read through the documents some things though stand out as really weird. Maybe because I am a deeply distrusting person when it comes to anything having to do with governments, their agencies and, what is nowadays called, Main Stream Media (I am old enough to have lived in a period before the internet and regarded Media just as that: Media).

But do these lines not sound strangely familiar to you too?

> *The self-guided exercise scenario for public health communicators and risk communication researchers covers a raft of themes and associated dilemmas in risk communications,* ***rumor control, interagency message coordination and consistency, issue management, proactive and reactive media relations***

And of course the main question to me, when it comes to other potential stake holders, is: what potentially differing outcomes/challenges do they see/seek, when playing this "tabletop exercise"?

Could it be, that some stake holders see the challenge that they need to maintain a narrative across media sites as a much bigger issue? Do they see the diverse and fractured landscape of newly emerging social media platforms as a happy coincidence rather than a challenge? Why not make use of the fact that people are implementing a "divide and conquer" strategy all by themselves?

Oh well. Lets move on, shall we! Again, I apologize, I just had a bit of a chuckle again, as I continued reading the scenario for this bit.

> *Based on the patients' reported symptoms, healthcare providers initially guessed that they had died from seasonal influenza, which health officials predicted would be particularly virulent and widespread that fall. However, laboratory tests were negative for influenza. Unable to identify the causative agent, officials at the Minnesota Department of Health's Public Health Laboratory sent the patients' clinical specimens to the Centers for Disease Control and Prevention (CDC), where scientists confirmed that the patients did not have influenza. One CDC scientist recalled reading a recent ProMed dispatch describing the emergence of a novel coronavirus in Southeast Asia, and ran a pancoronavirus RT-PCR test. A week later, the CDC team confirmed that the three patients were, in fact, infected with a novel coronavirus, which was dubbed the St. Paul Acute Respiratory Syndrome Coronavirus (SPARS-CoV, or SPARS), after the city where the first cluster of cases had been identified.*

Yes well, I think it was assumed, that before SARS-CoV2 that the next big thing would be an Influenza strain, coming from Southeast Asia and using an RT-PCR test to figure out whether it would be Influenza or not is also common practice, as well as naming the new virus after the town it first infected people…

Also, when people first thought that SARS-CoV2 could potentially be spread through droplets, washing hands and disinfecting surfaces was a sensible step. I remember washing groceries and wiping of cardboard boxes…

> *early case fatality estimates were inflated.*

And this is where it begins to become interesting =8)… I would recommend at this point to go search for the works of people like Professor Norman Fenton, who analyzed the numbers of the ONS in Britain, watch some of the videos of Dr. John Campbell, and boy oh boy, there are plenty others, like Dr. Jessica Rose, Jikkyleaks on Twitter and many I have not mentioned here.

That statement written down in the scenario created between 2015 and 2017 very much describes a discussion which is happening right now.

> *By late November, the CDC reported an initial estimated SPARS case fatality rate of 4.7% (By contrast, WHO reported that the overall case fatality rate for SARS was 14–15% and over 50% for people over the age of 64. Later in the SPARS outbreak, data that included more accurate estimates of mild SPARS cases indicated a case fatality rate of only 0.6%).*

The "Food for Thought" that follows the first chapter is sadly, in my mind, missing a point 4): "How can we make sure to not create a environment of fear and panic in the public?". But then again, depending on what kind of "stake" (share?) holder you are, you might think this an excellent business opportunity.

Chapter 2 did not hold a lot for me, except maybe something that did not happen in the last two years: the consideration of off-label use of drugs that could have a potential to help people survive infection. In reality this pathway was maligned a lot, especially when it came to extremely save treatment options, which did not have a potential to make billions of dollars. Again a point that makes me wonder who the share holders were… whoopsie!… of course I meant to say stake holders!

Chapter 3 starts with an interesting memo… someone from a company called GMI figures out that there is a vaccine against something else that was used in hooved mammals and showed effective against the infection, although there were severe side effects, but luckily the animals affected by those side effects could easily be detected and separated from the flock and then culled.

Here are some thoughts in my head, that were floating around while I was reading that memo… Ivermectin, horse paste… possible new vaccine technology against cancer which has never made it into phase three trials because of severe side effects… being able to separate victims suffering side effects from the flock and then culling them with palliative care drugs to make sure the rest of the sheep keep on going…

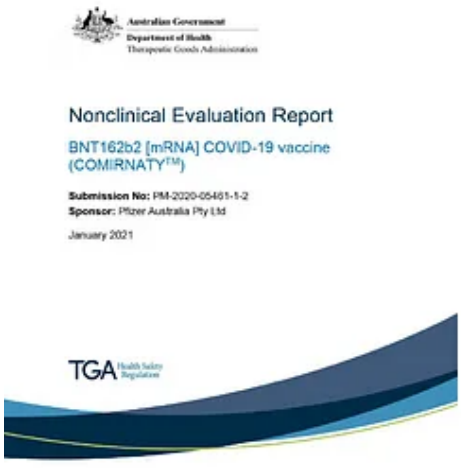
> *further information regarding the short-and long-term effects of the … vaccine was unavailable.*

And of course a US-based pharmaceutical company is awarded a government contract to develop a vaccine based on someone else's research. That must have stood out to some share holders…. damn! I did it again! Of course I mean stake holders, sorry…

> *It also provided considerable funding from the National Institutes of Health (NIH) and included provisions for priority review by the FDA. Additionally, HHS Secretary Nagel agreed in principle to invoke the Public Readiness and Emergency Preparedness Act (PREP Act), thereby* ***providing liability protection for CynBio and future vaccine providers in the event that vaccine recipients experienced any adverse effects.***

Where have I heard that statement in bold letters before? If only I knew which President of the European Commission, Ursula von der Leyen, had some phone text conversation with what CEO of Pfizer, Albert Bourla where it was made sure that no one could ever sue Pfizer in case they were suffering from side effects of the shots they received …. but I just cannot remember those names…

And obviously not a single stake holder read the "Food for Thought" section at the end of chapter 3. In reality it was simply to label anyone who dares to raise a critique of the processes of Emergency Use Authorizations as Conspiracy Theorists. Make full use of all available Media outlets and fact checkers. Make sure to hide all the data that was handed over to the health authorities for 75 years from public scrutiny, or remove the documents that could show how bad those vaccine are for your general health. Like the Japanese PMDA did with the file 672212000_30300AMX00231_I100_1.pdf, which contains the "Nonclinical Evaluation Report" from Pfizer, showing in Table 4–2 that the LNPs will get everywhere in your body, even after been given IM.



The pages to the left can be found under the following location:
https://www.tga.gov.au/sites/default/files/foi-2389-06.pdf
For further investigation you can go to this site, where the Australian government lists all of the released documents in response to Freedom of Information Requests (https://www.tga.gov.au/resources/publication/-publications/documents-released-under-section-11c-freedom-information-act-1982-jul-2021-jun-2022)

The following questions should be asked:

This document was presented to the governmental agencies to get approval for the new drug. The table 4-2 on page 45 shows that the LNPs of that drug, after IM injection, can be found throughout the body and in every organ/tissue.

Basic knowledge of the function of the immune system says that cells that are encountered showing foreign proteins on their cell walls will be targeted and attacked by cells of the immune system. The cells producing foreign proteins will be destroyed. The destruction of these cells will lead to localized inflammation in order to ramp up the response of the immune system to a potential infection with a virus.

Following the destruction of those cells and tissues the localized inflammation can lead to the creation of scar tissue. According to the tests that Pfizer did, this can happen in the heart, the brain, the spinal cord, the spleen, the bone marrow, etc.

This document, foi-2389-06.pdf was known to the Australian government (and to other governmental agencies across the globe) as early as January 2021).

Why did the drug get approval without the need for further tests showing the tissue distribution after longer periods than just 48h?

Why were there no tissue samples taken to investigate the potential for damage after cells expressing foreign proteins and the subsequent destruction of those cells by the immune system and the inflammatory processes following the destruction of cells?

Why are these drugs still given?

Why are the manufacturers and those that approved and pushed these drugs not in jail?

No worries though, Wayback Machine again has the publics back, or if you want to be able to read it in plain English you can also go to the website of the Australian government where you can find all of the Freedom of Information requests. Look for file “foi-2389–06.pdf”.

Just for completeness sake, after inquiring with the Japanese PMDA, if they could find the above mentioned document, the respond I received was this document…”コミナティ筋注に関する資料”. However the Nonclinical report seems to have been gone missing… do I hear the sound of a wakizachi being pulled from its sheath?

And wow, our health authorities really botched this

> *implement the “best practices” principle of enabling people to make their own informed decisions about whether to accept the novel SPARS vaccine?*

…lets check who pays for our “health” “authorities”… a yes, the pharmaceutical industry, check… so are these the share holders I keep thinking about…?

And when it comes to point 4 of “Food for Thought” on potential consequences of health officials “over reassuring” the public about potential long-term side effects of a novel vaccine…

https://web.archive.org/web/20230215172433/https://www.celebritytalent.net/sampletalent/27749/anthony-fauci/

And I am absolutely 110% certain that something like a revolving door between governmental agencies and the industry does not exist. It does not exist. No, really. It

does not exist. Listen to me and repeat: “There is no revolving door between government and industry!”.

I could go on reading every chapter from this fictional scenario and trust me, I will be laughing the whole time. Not because it is actually funny, but because this is life imitating fiction.

I rather want to talk about some other thoughts, that I feel might be of interest to others. For instance, why this “work” by the experts of the John Hopkins Center for Health Security is so interesting to me. And this is going to be a long one, a bumpy ride, that stretches back about 20 years and will include the Nordstream2 controversy on “Who done it?” and how this could never have happened during BALTOPS22.

Again, I would like to remind you, these are simply my thoughts and I would encourage you, to think for yourselves.

What if someone decided to take the scenario that the SPARS Pandemic provides and capture it for your own “operation”. Say you are a share/stake holder in some pharmaceutical companies across the globe that are poised to have the next big thing on their shelves, but somehow these new drugs just ain’t doing “it”. You also have your fingers in “gain of function” research and have good contacts to scientists from multiple nations that are well connected. Plus other “officials” and well connected people in positions of “power” that you talk to on a regular. Say on Bilderberg meetings, in clubs like the Wellcome Trust, WEF, Cercle Pinay and others.

I could see how someone could make use of those connections to all sorts of organizations, secret government agencies, to create a situation that would be hugely profitable. Especially if you do not really care about how many life's would be lost, if only you would be safe and making a “killing”.

But it is not just about making profits. Simply looking at the policy making frameworks that have been put into place during the last two to three years that point towards a more centralized exertion of power to me raises warning flags. In many countries governments have consolidated their emergency powers. Examples are Canada and the reaction to the “Trucker” protest, Germany and their new laws

introduced to allow the minister of health, not the Bundestag, to implement restrictions to public life and the freedoms of the individual citizen.

However it is not simply nations that have implemented new laws potentially restricting individual freedoms. There are also international organizations going down the path of centralized power. Newest is the introduction of the first ever legally binding WHO treaty, "focused on international prevention, preparedness and **response**". I am sure all of the African nations will be happy to hear that. And India… who refused to indemnify Pfizer of all responsibility and thusly was not given any Pfizer vaccines.

Of course the future will look so much brighter knowing that people like Jeremy Farrar will now be the new "Chief Scientist" at the WHO. The man who thought it good scientific practice to make sure that now one is having any fact based discussion on the origins of the Pandemic. Thank god he "fell" up from his position at the Wellcome Trust.

Now of course you might say, as some have pointed out recently, how would it be possible for a minority with access to unlimited funds and connections to basically every single position of power in the West to "capture" the scenario created by some experts, who worked things out for two years from 2015–2017 and turn it into real world Pandemic?

You may not be aware, that in the past there have been quite a few occasions, where "trainings" and "exercises" were "coinciding" with just the events they were trying to prevent and help provide adequate responses to.

The most well known of these "coincidences" is of course the destruction of three sky scrapers of which two happened to have been hit by two planes. Of course any scenario that would entail a so called "false flag" operation would also be a complete piece of fiction…

There is an interesting piece which can be found here, that talks about why and how exercises could be excellent cover for actual covert operations. And those covert operations would not necessarily have to be done by state agencies. There are other non-government organizations, that would be capable of independently cause harm.

Especially when they have been created by powerful, wealthy and well-connected individuals.

Of course, all those events could just be “spooky coincidence”. As Peter Power would have you belief the 7/7/2005 London bombings were. Four Terrorists blowing themselves up on exactly the same day, at exactly the same time at exactly the same four locations as the crisis management simulation drill that he was heading on the morning of 7/7/2005.

19 Hijackers capturing four planes and flying two into the Twin Towers, one into the Pentagon (taking out the civilian accountants that were trying to find the 2 trillion dollars that Mr. Rumsfeld was not able to find) and one into a field. On the same day that the entire east coast air force was in a drill to react to plane hijackers…

Or as Sy Hersh wrote, a CIA covert operation under the cover of a training exercise during BALTOPS22.

All spooky coincidences.

Why do I not believe the official narrative, of a virus of natural origin from a wet market in Wuhan, knowing that officials and people involved not only colluded, using burner phones and clandestine meetings, to keep information from the public, setting up letters to the Lancet, infiltrating the investigative missions by the WHO to the Wuhan Institute of Virology, like Peter Daszak, infiltrating the Lancet commission to control the narrative, like Peter Daszak? Now being in positions of power at the WHO like Jeremy Farrar? Officials telling me that the vaccines are safe at the same time trying to hide the data for 75 years….?

I rather have the feeling that what we are witnessing and have witnessed the last two to three years was a covert operation. And not everything went and is till not going as planned.

The fact that health care workers and nurses were warned of the potential hazards of palliative care drugs in March and the next month people were told to use them any way, has the fell of a Milgram-Experiment to me. See how people follow “authorities”, with a little bit of a nudge maybe?

The benefit of this would be to inflate the deadliness of the virus, which already was mainly a disease of the elderly as Bill Gates said (by the way, who is blackmailing him thanks to the stuff Eppstein got on him?), raising the fear in the general population, allowing to push through measurements that normally would have been scrutinized.

As Aaron Siri wrote the CDC fudging the numbers to make the vaccines appear less problematic. Or as "The Daily Beagle" wrote. Do some still remember Rebekah Jones, the data scientist that "refused requests to manipulate data" and was responsible for the Florida COVID19 dashboard, according to NPR?

Is it a coincidence, that the SPARS Pandemic Scenario was developed at John Hopkins and the John Hopkins COVID resource site has now stopped sharing data according to Dr. Philip McMillan suggests?

Be aware that there is still a huge amount of information which is not made available to the public. Do consider to support those that take the time to go through all sorts of documents like the numbers from the CDC, the ONS and others. Support those that are doing the tedious job of freeing documents from governments like Emily Kopp from US Right To Know.

Read like your life depended on it, because it does.

If you enjoyed this read, feel free to buy me a coffee… or not, no pressure… really… just saying… =8)